

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017611  
STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 72 Primary Registration District No. 340 Registrar's No. 55

S. 300  
1-57

6001

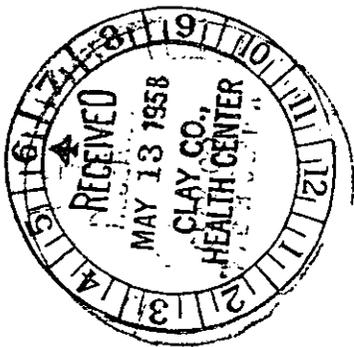
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

R. M. Lilly

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ADAIR</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>NORTH KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KIRKSVILLE</b> 0013 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>825 E. 22ND. AVE.</b>		Length of stay in 1b <b>8 MONTHS</b>	d. STREET ADDRESS (If outside, give location) <b>501 E. WASHINGTON</b>
3. NAME OF DECEASED (Type or print) First <b>VIOLETTA</b> Middle Last <b>MACKLIN</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>24</b> Year <b>1958</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 31, 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESLADY</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DRY GOODS STORE</b>	9. AGE (In years last birthday) <b>80</b>
13a. FATHER'S NAME <b>JAMES FOWLER</b>		13b. MOTHER'S MAIDEN NAME <b>(Unknown)</b>	11. BIRTHPLACE (City and state or country) <b>KNOX COUNTY, MISSOURI</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>490-10-7524</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
17. INFORMANT <b>HARRY FISCUS</b>		14. NAME OF HUSBAND OR WIFE <b>FRANK S. MACKLIN</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>congestive heart failure.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>4341</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>Dec 7, 1957</b> to <b>Apr 24, 1958</b> and last saw her alive on <b>Apr 22, 1958</b> Death occurred at <b>2:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R. M. Lilly</b>		22b. ADDRESS <b>3915 Main St. Kennett Mo</b>	22c. DATE SIGNED <b>4-25-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>APRIL 26, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HIGHLAND PARK CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>KIRKSVILLE MISSOURI</b>
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS, KANSAS CITY, MO</b>		25. DATE RECD. BY LOCAL REG. <b>5-7-58</b>	26. REGISTRAR'S SIGNATURE <b>Marguerite Hudgum</b>

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Robert Ray* .....

Licensed Embalmer No. *4182* .....

P. O. Address *K. C., Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.